Advanced Healthcare Directives: The Patient’s Right to Decide

(California Probate Section 4701)

Explanation:

You have the right to give instructions about your own health care. You also have the right to name someone else to make health care decisions for you. An Advance Healthcare Directive form lets you do either or both of these things. It also lets you express your wishes regarding donation of organs and the designation of your primary physician. A power of attorney for health care lets you name another individual as agent to make health care decisions for you if you become incapable of making your own decisions or if you want someone else to make those decisions for you now even though you are still capable.

You may also name an alternate agent to act for you if your first choice is not willing, able, or reasonably available to make decisions for you. (Your agent may not be an operator or employee of a community care facility or a residential care facility where you are receiving care, or your supervising health care provider or employee of the health care institution where you are receiving care, unless your agent is related to you or is a coworker.) Unless the form you sign limits the authority of your agent, your agent may make all health care decisions for you. The advance healthcare directive form should also have a place for you to limit the authority of your agent. You need not limit the authority of your agent if you wish to rely on your agent for all health care decisions that may have to be made.

If you choose not to limit the authority of your agent, your agent will have the right to:

(a) Provide consent or refuse consent (on your behalf) to any care, treatment, service, or procedure to maintain, diagnose, or otherwise affect your physical or mental condition.
(b) Select or discharge health care providers and institutions.
(c) Approve or disapprove diagnostic tests, surgical procedures, and programs of medication.
(d) Direct the provision, withholding, or withdrawal of artificial nutrition and hydration and all other forms of health care, including cardiopulmonary resuscitation.
(e) Make anatomical gifts, authorize an autopsy, and direct disposition of remains.

Most advance healthcare directive forms let you give specific instructions about any aspect of your health care, whether or not you appoint an agent. Choices are provided for you to express your wishes regarding the provision, withholding, or withdrawal of treatment to keep you alive, as well as the provision of pain relief. Space should also be provided for you to add to the choices you have made or for you to write out any additional wishes.

The agent you select will also be given the right to ensure that your end-of-life decisions are followed. You should also express whether or not you would like to donate your bodily organs and tissues following your death. Your advance healthcare directive should include an area that lets you designate a physician to have primary responsibility for your health care.

After completing the advance healthcare directive form, it must be signed and dated by you and by two qualified witnesses or acknowledged before a notary public. You should then give a copy of the signed and completed form to your physician, to any other health care providers you may have, to any health care institution at which you are receiving care, and to any health care agents you have named. You should talk to the person you have named as agent to make sure that he or she understands your wishes and is willing to take the responsibility. You have the right to revoke this advance health care directive or replace this form at any time.

Should you have any further questions regarding this important document, please speak to your healthcare provider.